

**Op-Ed: A year later, health care law is bad deal for Americans**  
**By Rep. Gus Bilirakis**

[Watch Rep. Bilirakis discuss the one-year anniversary of the health care overhaul](#)

One year ago today, President Obama signed the Patient Protection and Affordable Care Act into law. Don't be fooled by the clever title.

This law, the federal government's overhaul of our health care system, has proven neither affordable nor protective when it comes to offering quality health coverage to Americans.

Then Speaker of the House Nancy Pelosi famously said that the House had "to pass the bill so that you can find out what is in it." A year later, the public has started to find out what's in the bill, and they don't like it.

For example, the Congressional Budget Office predicts the cost of health care insurance will rise by more than \$2,000 per American family by 2016.

The law's taxes and mandates are driving businesses to cut employee hours, restrict the number of full time employees, and in some cases drop employee health coverage altogether.

We have already seen that some employers have reported they will save more money by ending their health insurance coverage and paying the IRS-imposed penalty. Complying with the new law is adding to the expenses and obstacles that job creators face in the midst of an already difficult economy.

The overhaul also drastically shifted more people onto welfare rolls by adding millions of new

Medicaid beneficiaries onto cash-strapped state budgets. Simply shifting health care costs onto the backs of the states is not a fiscally responsible or effective way to expand coverage given Medicaid's poor track record.

Last, but not least, the law reduces options for seniors. Deep cuts to the Medicare Advantage program jeopardize coverage for millions of seniors, including thousands here in the Tampa Bay area.

All in all the law makes for a bad deal for families, seniors and businesses alike.

There are several solutions which should be enacted in the next 12 months to create a more affordable and accessible health care system for everyone, without the crushing mandates, tax hikes, and spending increases found in last year's health care bill.

Congress has begun to eliminate some of the many burdensome regulations inserted into this law. For example, the House voted to remove a provision that would require all businesses to fill out 1099 forms with the IRS for any business transactions over \$600. This has no relationship to improving health care.

Waste and fraud occur frequently throughout the federal bureaucracy, particularly in programs such as Medicare and Medicaid. Industry estimates are that as much as 10 percent of all health care spending is fraudulent. Improving efficiency and rooting out fraud in current programs would save billions.

Health care costs are going to remain too high as long as physicians are practicing defensive medicine, ordering unnecessary and expensive tests and procedures because they are scared of being sued. Enacting meaningful medical liability reform to discourage frivolous lawsuits would reduce health care costs for everyone.

Allowing patients the flexibility to shop for health insurance plans across state lines, coupled with improved price transparency so consumers can see costs for procedures upfront would lead to more choices and access to cheaper health coverage plans.

Finally, making it easier for small businesses and organizations to pool together and provide affordable health coverage options to their employees and their families would go a long way toward reducing the number of uninsured.

A year into its implementation the health care overhaul continues to remain unpopular with the general public, and more than half our states would like to see it replaced with more effective solutions.

It's time to end the experiment and work toward a better health care system that costs less, empowers families and provides access to quality care.